### 24590-WTP-DWPA-ENV-01-001, Rev. 1 WTP Dangerous Waste Permit Application

## Contents

1	Introduction	1	-1
Part	t A	1	-1

## 1 1 Introduction

### 2 Part A

- 3 The Part A, Dangerous Waste Permit Application (DWPA) Form 1, for the River Protection Project -
- 4 Waste Treatment Plant (WTP) is included in the following pages. The form includes a figure showing the
- 5 location of the WTP on the Hanford Site.

6

The Part A, DWPA Form 3, for the WTP is included immediately after Form 1.

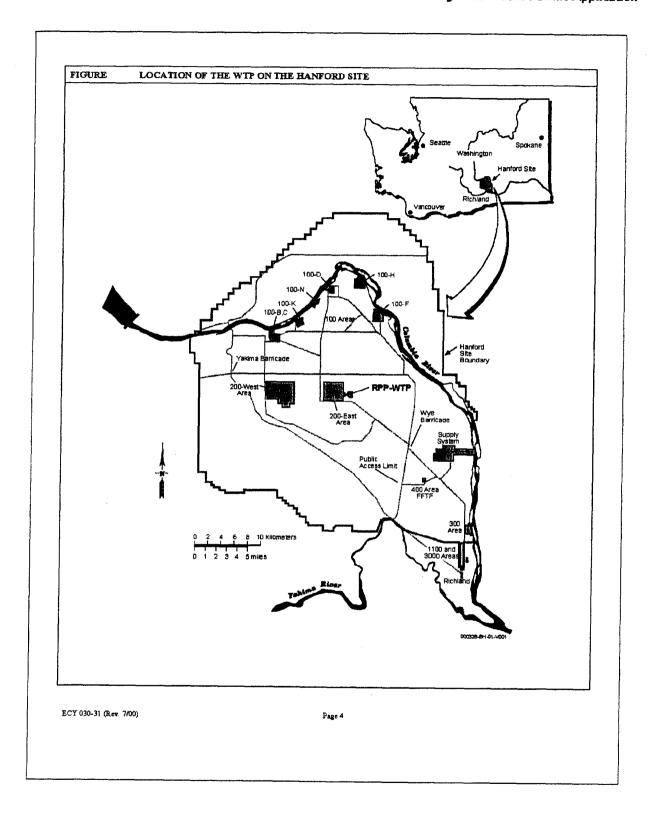
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NAME OF F									
US Depa	ntment of Energy	- Hanford Facility							
L FACILITY	CONTACT d Title (last, first, &	e ride)					B. Phone (	(area cod	e & no.)
	ith A., Manager	2 430/					(509) 376		
		0.000							
A. Street or	MAILING ADD P.O. Box	RESS							
PO Box	550								
								C 6: :	D 7:- C-4-
B. City o					<u></u>			C. State	
Richland								WA	993.52
FACILITY I	OCATION (SEI	FIGURE ON PAGE 4)							
Hanford		chemne rounding							
B. County									
B. County	100110		···						
C. City or 7	`01E0				D. State	E. Zip	Code	F.	County Code (if known
Richland					WA	99352		00	
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9311	Manager		7 4814	0,55				1011001111	
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								the own	
chtel Nations	Energy * Owner/0 l, Inc. ** Co-ope	rator for WTP					⊠ YI	ES*	□NO
		e appropriate letter into the an		if "Oth	er, " specify).		Phone (as		& no.)
F = Fede P = State		(other than federal or state) O = Other (specify)	(specify) F				19) 376–7 19) 371-3:		
E. Street or	P.O. Box								
P.O. Box 3000 Ge	550+ orge Washington	Way**							
F. City or	Гоwn		G. Sta	ie	H. Zip		II. INDIA		
Richlan	d		WA		99352		the facili YES	ity locate	ed on Indian lands? O
plete Back Po	120								
30-31 (Rev. 7/0			Page 1						

nap must show the outline of the facility, the ach of its hazardous waste treatment, storag nelude all springs, rivers, and other surface.	e location of each of its existing and prop e or disposal facilities, and each well wh	ere it injects fluids underground.
. NATURE OF BUSINESS (provide a brief des	scription)	
reatment by vitrification of radioactive dan	gerous waste.	
I CERTIFICATION (see instructions)		
CL CERTIFICATION (see instructions) certify under penalty of law that I have persona ttachments and that, based on my inquiry of tho polication. I believe that the information is true, alse information, including the possibility of fine	se persons immediately responsibility for ob accurate, and complete. Iam aware that th	taining the information contained in the
certify under penalty of law that I have persona ttachments and that, based on my inquiry of tho	se persons immediately responsibility for ob accurate, and complete. Iam aware that th	taining the information contained in the

# Part A Form 1 Certification CERTIFICATION I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Keith A. Klein, Manager U.S. Department of Energy, Richland Operations Office Harry L. Boston, Manager U.S. Department of Energy, Office of River Protection R. F. Naventi, Project Manager River Protection Project - Waste Treatment Plant

Bechtel National, Inc.

ECY 030-31 (Rev. 7/00)



FORM 3	Dangerous '	Waste Permit Appli	cation		State I.D. No. 9   0   0   0   8   9   6   7
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FOR OFFICIAL	USE ONLY Date Received	Comments			
Application Approved	(month/day/year)	Comments			
Approved	(Homm/day/year)				
		<del></del>			######################################
I. FIRST OR RE	EVISED APPLICATIO	N			1::
Place an "X" in the	e appropriate box in Aor or facility or a revised and	B below (mark one box or olication. If this is your firs	ily) to indicate whe at application and v	ou already know you	pplication you are ir facility's EPA/STATE
D. Number, or if	this is a revised applicat	ion, enter your facility's EP	A/STATE I.D. Nu	mber in Section 1 be	low.
. First Applicati	on (place an "X" below	and provide the appropriate	date)		
X 1. Existing	Facility (see instruction	s for definition of		cility (complete item	below.)
"existing" la	cility. Complete item bel	ng facilities, provide the		For ne	w facilities, provide the
MO DAY		day/yr) operation began	MO D		no/day/yr) operation began
13 2 2		e construction commenced.			expected to begin.
		oxes to the left.)	L		·
3. Revised Appli		ow and complete Section 1	above.)		
X 1. Facility has	an Interim Status Pern	nit	🗵 2. Facilit	y has a Final Permi	t
II. PROCESSES	- CODES AND DESIG	GN CAPACITIES			
Process Code	- Enter the code from the	list of process codes below	v that best describe	s each process to be	used at the facility. Ten
lines are provid	led for entering codes. If	f more lines are needed, ent	er the code(s) in th	e space provided. If	a process will be used that
is not included	in the list of codes belov	v, then describe the process	(including its desi	gn capacity) in the sp	ace provided on the
(Section III-C).					
,					
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n	10 200	Buildin		ne other can hold 400 gallons. The facility also		
Line No.	1	rocess (		1. Amount (specify)	2. Unit of Measure (enter code)	For Official Use Only
X-1	3	0	2	600	G	
X-2	T	0	3	20	E	
1	S	0	1	2,780,000	G	
2	S	0	2	4,735,000	G	
3	Т	0	1	29,000	U	l
4	T	0	4	Vit 15,000	U	
5	Т	0	4	Containment Bldg. 16,000	U	
6	1					<u> </u>
7	1					
8						
9						
10						<u> </u>

C. Space for Additional process codes or for describing other process (code "T04"). For each process entered here include design capacity.

Line No. 4 - T04 = Treatment in miscellaneous units by vitrification.

Line No. 5 - T04 = Treatment in miscellaneous units, in containment buildings for vitrified waste and secondary waste.

#### IV. DESCRIPTION OF DANGEROUS WASTES

A. Dangereus Waste Number - Enter the digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle

If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four-digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.

B. Estimated Annual Quantity - For each listed waste entered in Column A, estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A, estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

ECY 030-31 Form 3 (Rev. 7/00)

#### IV. DESCRIPTION OF DANGEROUS WASTES (continued)

C. Unit of Measure - For each quantity entered in column B, enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
Pounds	P	Kilograms	K
Tone	T	Metric Tons	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

#### 1 Process Codes:

For listed dangerous waste: For each listed dangerous waste entered in column A, select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed dangerous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed dangerous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D (1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

- 2 Process Description: If a code is not listed for a process that will be used, describe the process in the space provided on the form.
  Note: Dangerous wastes described by more than one dangerous waste number Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:
- 1 Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2 In column A of the next line, enter the other Dangerous Waste Number that can be used to describe the waste. In column D (2) on that line, enter "included with above" and make no other entries on that line.
- 3 Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

Example for completing Section IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of curome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfull.

											D. Processes
Line No.	A:		nus Was er cods)	te No.	B. Estimated Annual Quantity of Waste	nit of M	1. Pro	cess Cod	les (em	er)	2. Process Description (if a code is not entered in D(1))
X-1	K	0	5	4	900	P	703	D80			
X-2	D	0	0	2	400	P	T03	D80			
X-3	D	0	0	1	100	P	703	D80			
X-4	D	0	0	2			703	D80			included with above

ECY 030-31 Form 3 (Rev. 7/00)

Included with above

Photocopy this page before completing if you have more than 26 wastes to list.

ID Number (enter from page 1)

WA 7 8 9 0 0 0 8 9 6 7

		DANGEROUS WASTI	1					D. Pro	
Line No.	A. Dangerous Waste No. (enter code)	B. Estimated Annual Quantity of Waste		nit of Massu (enter code)	e 1. Proc	ess Codes (s	nser)		2. Process Description (if a code is not entered in D(1))
1	D001	51,000	T		502	<u> </u>			
2	D003				502				Included with above
3	D002				T01	S02			Included with above
4	D004				T01	S02			Included with above
5	D005				T01	S02			Included with above
6	D006				T01	S02			Included with above
7	D007				T01	S02			Included with above
8	D008				T01	S02			Included with above
9	D009				T01	S02			Included with above
10	D010				T01	S02			Included with above
11	D011				T01	502			Included with above
12	D018				T01	S02			Included with above
13	D019				T01	S02			Included with above
14	D022				T01	S02			Included with above
15	D028				T01	S02			Included with above
16	D029				T01	S02			Included with above
17	D030				TOI	S02			Included with above
18	D033		1		T01	S02			Included with above

ECY 030-31 Form 3 (Rev. 7/00)

D034

D035

D036

D038

D039

D040

D041

D043

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21

22

23

25

26

Page 4A

502

**S**02

502

502

S02

502

502

S02

T01

T01

T01

T01

**T**01

T0 1

ID Number (enter from page 1)

WA 7 8 9 0 0 0 8 9 6 7

طور و	I	DANGEROUS WASTE	1		D. Processes					
ine ic.	A. Dungerous Waste No. (enter code)	B. Estimated Annual Quantity of Waste		nit of M enser coc	1. Proces	rs Codes (e	rier)		2. Process Description (if a code is not entered in D(1))	
1	WT01				T01	S02			Included with above	
2	WT02				T01	S02			Included with above	
3	WP01				T01	S02			Included with above	
4	WP02				TOI	502			Included with above	
5	F001				T01	S02			Included with above	
6	F002				TOI	502			Included with above	
7	F003				T01	502			Included with above	
8	F004				T01	502			Included with above	
9	F005				T01	502			Included with above	
10	F039 <sup>a</sup>				T01	<b>S</b> 02			Included with above	
11										
12										
13										
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ECY 030-31 Form 3 (Rev. 7/00)

Page 4B

ID Number (enter from page 1)

W A 7 8 9 0 0 0 8 9 6 7

V. DE	SCRIPTION OF	DANGEROUS WASTI	ES (con	tinued)	 			D. Prec	e cuêt
Line No.	A. Dangerous Waste No. (enser code)	B. Estimated Annual Quantity of Waste		nit of Maa enter code	1. Proces	s Codes (e	nier)	2.2.10.	2. Process Description (Va code is not entered in D(1))
1	D002	33,500	T		T04	S01			Vitrification treatment process and storage of ILAW and IHLW
2	D004				T04	S01			Included with above
3	D005				T04	S01			Included with above
4	D006				T04	S01			Included with above
5	D007				T04	S01			Included with above
6	D008				T04	S01			Included with above
7	D009				T04	S01			Included with above
8	D010				T04	S01			Included with above
9	D011				T04	S01			Included with above
10	D018				T04	S01			Included with above
11	D019				 T04	501			Included with above
12	D022				T04	S01			Included with above
13	D028				T04	501			Included with above
14	D029				T04	501			Included with above
15	D030				T04	S01			Included with above
16	D033				T04	S01			Included with above
17	D034				T04	S01			Included with above
18	D035				T04	S01			Included with above
19	D036				T04	S01			Included with above
20	D038				T04	S01			Included with above
21	D039				T04	S01			Included with above
22	D040				 T04	S01			Included with above
23	D041				T04	S01			Included with above
24	D043				T04	S01			Included with above
25	WT01				T04	S01			Included with above
26	WT02				 T04	S01			Included with above

ECY 030-31 Form 3 (Rev. 7/00)

Photocopy th	his page	before	completing	if you	have mor	e than	26	wastes to	list.
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ID Number (enter from page 1) WA 7 8 9 0 0 0 8 9 6 7

		DANGEROUS WASTI	T			D. Processes					
Line No.	A. Dangarous Waste No. (enter code)	B. Estimated Annual Quantity of Waste					n Codes (e	nier)	2. Process Description (if a code is not entered in D(1)		
1	WP01					T04	S01			Included with above	
2	WP02					T04	S01			Included with above	
3	F001					T04	S01			Included with above	
4	F002					T04	S01			Included with above	
5	F003					T04	<b>5</b> 01			Included with above	
6	F004					T04	501			Included with above	
7	F005					T04	S01			Included with above	
8	F039					T04	S02			Included with above	
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ECY 030-31 Form 3 (Rev. 7/00)

Page 4D

ID Number (enter from page 1)

W A 7 8 9 0 0 0 8 9 6 7

	T .	F DANGEROUS WASTE					D. Processes					
Line No.	A. Dangarous Waste No. (enter code)  D002	B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)			1. Process Codes (enter)			2. Process Description (if a code is not entered in D(1),			
			T			T04	S01			Treatment and storage in containment buildings		
2	D004					T04	S01			Included with above		
3	D005					T01	501			Included with above		
4	D006					T04	501			Included with above		
5	D007					T04	S01			Included with above		
6	D008					T04	S01			Included with above		
7	D009					T04	S01			Included with above		
8	D010					T04	S01			Included with above		
9	D011					T04	\$01			Included with above		
10	D018					T04	S01			Included with above		
11	D019					T04	S01			Included with above		
12	D022					T04	S01			Included with above		
13	D028					T04	501			Included with above		
14	D029					<b>T</b> 04	S01			Included with above		
15	D030					T04	\$01			Included with above		
16	D033					T04	501			Included with above		
17	D034					<b>T</b> 04	S01			Included with above		
18	D035					T04	501			Included with above		
19	D036					T04	S01			Included with above		
20	D038					T04	S01			Included with above		
21	D039					T04	S01			Included with above		
22	D040					T04	S01			Included with above		
23	D041					T04	S01			Included with above		
24	D043					<b>T</b> 04	501			Included with above		
25	WT01					T04	S01			Included with above		
26	WT02					T04	501			Included with above		

ECY 030-31 Form 3 (Rev. 7/00)

Page 4E

ID Number (enter from page 1)

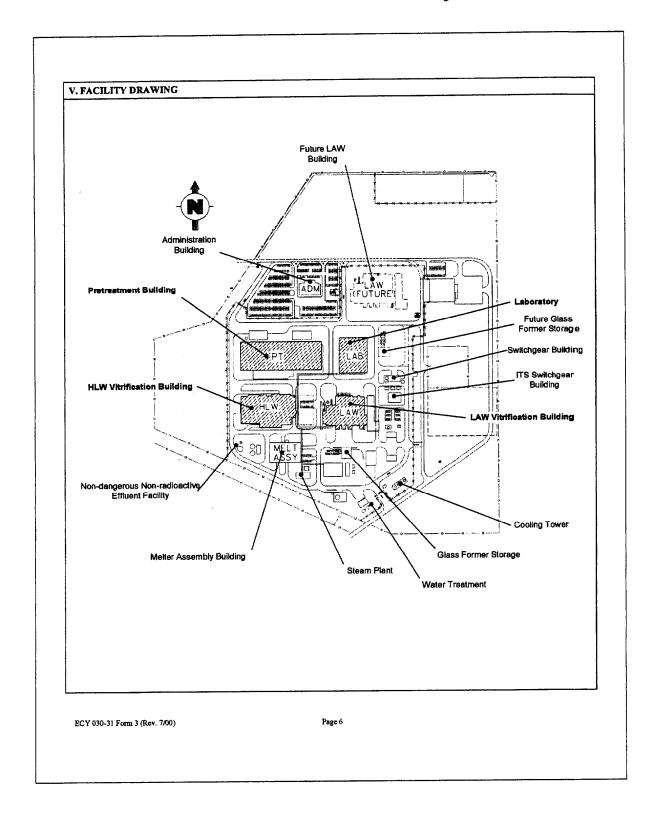
W A 7 8 9 0 0 0 8 9 6 7

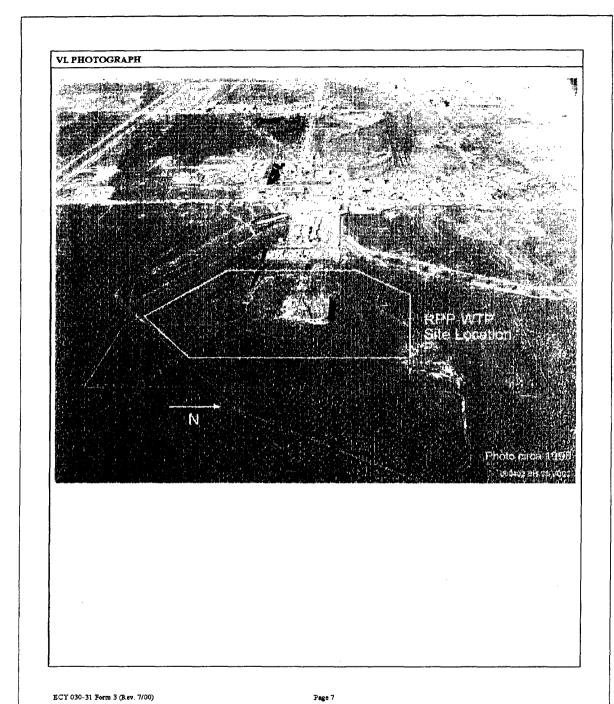
		DANGEROUS WASTE					D. Processes					
Line No.	A. Dangerous Waste No. (smior cods)  WP01	B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)			1. Process Codes (enter)				2. Process Description (if a code is not entered in D(1)		
						T04	S01			Included with above		
2	WP02					T04	S01			Included with above		
3	F001	· · · · · · · · · · · · · · · · · · ·				T01	S01			Included with above		
4	F002	-				T04	S01			Included with above		
5	F003					T04	S01			Included with above		
6	F004					T04	S01			Included with above		
. 7	F005					T04	S01			Included with above		
8	F039 <sup>a</sup>					T04	S01			Included with above		
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ECY 030-31 Form 3 (Rev. 7/00)

Page 4F

	WASTES (continued)						
E. Use this space to list additional process o	odes from Section D(1)	)					
a. F039 is a multisource leachate included	as a waste derived from	non-specific sour	ce wastes F0	01 through	n <b>F005</b> .		
				•			
V. FACILITY DRAWING							
See facility drawing, including all existing facilit	nes, on page 6.						
VI. PHOTOGRAPHS							
See facility photograph on page 7							
VII. FACILITY GEOGRAPHIC LOCA: LATITUDE (degrees, minutes, & seconds)		Longitude (degrees,	minutes & sec	nds			
LATITUDE (degrees, minutes, & seconds)				_			
46 33 07		119	30 23				
VIII. FACILITY OWNER		<u> </u>					
A. If the facility owner is also the faci	ility operator as listed in	Section VII on F	orm 1. "Gen	rai Inform	ation." pla	ce an "X	" in
the how to the left and skip to secti			V.II. 1, OVII		p.u		
B. If the facility owner is not the facil	lity operator as listed in	Section VII on Fo	orm 1, compl	ete the fol	lowing:		
•	· ·				<del>,                                     </del>	£ nn 1	
1 Name of Facilitate Legal Curren			D Dhos	a Mumba			
l. Name of Facility's Legal Owner	See Form 1 page		B. Phor	e Number	· (area code	e ce no.j	
i. Name of Facility's Legal Owner	See Form 1 page	111	B. Phor	e Number	area code	T	T
I. Name of Facility's Legal Owner	See Form 1 page		B. Phor	e Number	area code	1 ( No.)	T
	See Form 1 page		B. Phor	e Number	6. Zip Co		1
			_	e Number			T
3. Street or P.O. Box			_	e Number			     
3. Street or P.O. Box	4. City or Town	am familiar with	5. State		6. Zip Co	de I	l   
3. Street or P.O. Box  IX. OWNER CERTIFICATION  I certify under penalty of law that I have per	4. City or Town		5. State	on submitt	6. Zip Co	de I	
3. Street or P.O. Box  IX. OWNER CERTIFICATION  I certify under penalty of law that I have per documents, and that based on my inquiry of submitted information is true, accurate, and	4. City or Town  4. City or Town  rsonally examined and of those individuals immedicated tomplete. I am aware	diately responsib	5. State  the information of the for obtaining the state of the state	on submitti	6. Zip Co	de   	
3. Street or P.O. Box  IX. OWNER CERTIFICATION  I certify under penalty of law that I have per documents, and that based on my inquiry of submitted information is true, accurate, and information, including the possibility of fine	4. City or Town  4. City or Town  resonally examined and of those individuals immed complete. I am aware and imprisonment.	diately responsib	5. State  the informatic le for obtaining inficant penaltic and penalt	on submitting the info	6. Zip Co	de   	
I. Name of Facility's Legal Owner  3. Street or P.O. Box  IX. OWNER CERTIFICATION  I certify under penalty of law that I have perdocuments, and that based on my inquiry of submitted information is true, accurate, and information, including the possibility of fine Name (print or type)  See attached certification	4. City or Town  4. City or Town  rsonally examined and of those individuals immedicated tomplete. I am aware	diately responsib	5. State  the information of the for obtaining the state of the state	on submitting the info	6. Zip Co	de   	
3. Street or P.O. Box  IX. OWNER CERTIFICATION  I certify under penalty of law that I have per documents, and that based on my inquiry of submitted information is true, accurate, and information, including the possibility of fine Name (print or type) See attached certification	4. City or Town  4. City or Town  rsonally examined and of those individuals immed d complete. I am aware e and imprisonment.	diately responsib	5. State  the informatic le for obtaining inficant penaltic and penalt	on submitting the info	6. Zip Co	de   	
3. Street or P.O. Box  IX. OWNER CERTIFICATION  I certify under penalty of law that I have perdocuments, and that based on my inquiry of submitted information is true, accurate, and information, including the possibility of fine Name (print or type)  See attached certification  X. OPERATOR CERTIFICATION	4. City or Town  4. City or Town  rsonally examined and of those individuals immed d complete. I am aware e and imprisonment.  Signature	idiately responsib that there are sig	5. State  the informatic le for obtaininificant pena	on submitti ng the info lties for si	6. Zip Co	de   	hat the
3. Street or P.O. Box  IX. OWNER CERTIFICATION  I certify under penalty of law that I have per dosubmitted information is true, accurate, and information, including the possibility of fine  Name (print or type)  See attached certification  X. OPERATOR CERTIFICATION  I certify under penalty of law that I have per documents, and that based on my inquiry of	4. City or Town  I somally examined and a those individuals immed and interest and imprisonment.  Signature  resonally examined and a those individuals immediately examined and a those individuals immediately armed and a those individuals immediately examined and a those individuals immedia	diately responsib that there are sig are familiar with t diately responsib	5. State  5. State  ine information inficant penal pen	on submitting the infolities for si	6. Zip Co  6. Zip Co  6. Zip Co  7. An armation. I  8. An armation of the sale	de  ad all att believe t ilse	ached
3. Street or P.O. Box  IX. OWNER CERTIFICATION  I certify under penalty of law that I have per documents, and that based on my inquiry of submitted information is true, accurate, and nformation, including the possibility of fine Name (print or type) See stached certification  K. OPERATOR CERTIFICATION  icertify under penalty of law that I have per focuments, and that based on my inquiry of submitted information is true, accurate, and	4. City or Town  1. A. Cit	diately responsib that there are sig are familiar with t diately responsib	5. State  5. State  ine information inficant penal pen	on submitting the infolities for si	6. Zip Co  6. Zip Co  6. Zip Co  7. An armation. I  8. An armation of the sale	de  ad all att believe t ilse	ached
3. Street or P.O. Box  IX. OWNER CERTIFICATION  I certify under penalty of law that I have per documents, and that based on my inquiry of submitted information is true, accurate, and information, including the possibility of fine Name (print or type) See strached certification  X. OPERATOR CERTIFICATION  icertify under penalty of law that I have per incomments, and that based on my inquiry of submitted information is true, accurate, and information, including the possibility of fine	4. City or Town  4. City or Town  4. City or Town  4. City or Town  4. Complete. I am aware  5. and imprisonment.  Signature  5. Signature  6. Complete. I am aware  6. Complete. I am aware  6. Complete. I am aware  6. and imprisonment.	diately responsib that there are sig am familiar with t diately responsib	5. State  the informatical for obtaining penalular for obtaining informatical for obtaining informatic	on submitting the info	6. Zip Co  6. Zip Co  6. Zip Co  7. An armation. I  8. An armation of the sale	de  ad all att believe t ilse	ached
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Page 1-17

# Part A Form 3 Certification OWNER AND OPERATOR CERTIFICATIONS IX AND X. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Keith A. Klein, Manager U.S. Department of Energy, Richland Operations Office Harry L. Boston, Manager U.S. Department of Energy, Office of River Protection R. F. Naventi, Project Manager River Protection Project - Waste Treatment Plant Bechtel National, Inc.

ECY 030-31 Form 3 (Rev. 7/00)